

09/733692  
393

INDEX OF CLAIMS

CLAIM		DATE									
FINAL	ORIGINAL										
	151	ID									
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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AFTER 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

SERIAL NO. 091  
APPLICANT(S)

FILING DATE

**APPLICANT(S)**

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENOMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND. DEP.		IND. DEP.		IND. DEP.	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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